

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT

TELECOMMUTING APPLICATION

Employee's Name:

Position Title & Series:

Organization:

Home Address:

Home Telephone No:

Supervisor's Name:

Supervisor's Telephone No:

Type of telecommuting arrangement: Regular Ad hoc Medical

Regular - ____ days per week/pay period; Medical - consult with your mission area/agency/staff office telecommuting coordinator.

1. Describe the work to be performed at the alternate work site. (If more space is needed, continue on the back or on a separate sheet of paper.)

2. Briefly describe how you meet the criteria for participation.

3. Briefly describe how the alternative workplace is conducive for Telecommuting. Include information on office space, equipment, etc.

4. List any resources that you will need.

Employee Signature

DATE